

Name In Full

Certificate of Death

John M Adelsberger -

Town

County

Died at

MARYLAND

Date 1902 - 2 - 4 Month Day Y. M. D. Age 46-6 Native of Md Occupation Labor
 Male White Married ~~Widow~~ ~~Divorced~~ ~~Widower~~ Number of children living 6
~~Female~~ ~~Colored~~ ~~Single~~

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

2 weeks

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate received

from

of



Name In Full

Certificate of Death

Beatrice Elizabeth Baker

Town

County

Died at

Emmitsburg

Frederick

MARYLAND

Date 1912

Month

Day

Y.

M.

D.

Native of

Occupation

Feb. 18

Age

1 7 19

Emmitsburg

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

James A Baker

Mother's

Maiden Name

Catherine Baker

Cause of

Primary

Intestinal

How long sick

2 weeks

Death

Immediate

Coma

108

Accident, Suicide, Homicide

Reported by

Robert G. Arman M.D.

Address

Emmitsburg

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Elizabeth R. Barkman

Town

County

Wellsville

Frederick

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1901

Feb. 23

Age 44

8

18

md

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

7

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

James R. Barkman

Joseph Schildkruecht

Eleanor Poffinberger

Cause of

Primary

How long sick

8 or 10 hours

Death

Immediate

Eclampsia 138

~~Accident, Suicide, Homicide~~

Reported by

A. J. Smith, M.D.

Address

Wellsville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full *John Barnes*

Town *Montpelier Hospital* County *Frederick* MARYLAND

Died at *Montpelier Hospital* Month *2* Day *5* Y. *73* M. *X* D. *X* Native of *Va.* Occupation *Laborer*

Date *1902* Male *White* Married *X* Widowed *X* Divorced *Na.* Number of children living *two*

Husband of *Unknown*

Father's Name *Unknown* Mother's Name *Unknown*

Cause of Death { Primary *Tuberculosis* Immediate *Lethemia* } How long sick *27* Accident, Suicide, Homicide

Reported by *H. P. Fahmy*

Address *Frederick*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



James M Biggs

Town

County

Died at

Adamstown

Frederick

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

2 / 6

Age

86

1

2

Meel

Shoemaker.

Male

W

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

7

Husband

of

Ellen Mary Webb

Wife

Father's

Name

Elyse Biggs

Mother's

Maiden Name

1

Cause of

Primary

Valvular heart disease

How long sick

8 days.

Death

Immediate

Paralysis

Accident, Suicide, Homicide

Reported by

J. A. Conley

Address

Adamstown Meel

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Francis A Brown

Town

County

Frederick

Frederick

MARYLAND

Died at

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

2-20

Age

2-11-15

Frederick

Shed

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

1

Husband

of

Wife

X

X

X

X

Father's

Name

Frank Brown

Mother's

Maiden Name

Maggie Dorsey

Cause of

Primary

Pneumonia

How long sick

7

Death

Immediate

at home

9th

Accident, Suicide, Homicide

Reported by

M. L. Long

Address

37 E. Calvert St. City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75895

Greenmount

Name in Full

Certificate of Death

Name in Full Wendell Day Carty
 Died at Church Tree Fredrick MARYLAND
 Date 1902 Feb. 7 7 10 2 Thurs, Tree
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living
 Husband of _____
 Wife of _____
 Father's Name Benjamin Carty Mother's Name Minnie Garver
 Cause of Death { Primary Pneumonia 93 How long sick 6 days -
 Immediate Congestion of Lungs Accident, Suicide, Homicide
 Reported by J. W. Standen
 Address Myersville York County

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Thomas Kelly Coats

Town

County

MARYLAND

Died at Emmitsburg Frederick

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Feb. 23

Age 84-2

Penna. Laborer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Singl~~~~Widower~~

Number of children living

2

Husband of

Ann Butler

Wife

Father's

Mother's

Name

Maiden Name

John Coats

154

Cause of

Primary

Sunstroke

How long sick

13 years

Death

Immediate

General debility

Accident, Suicide, Homicide

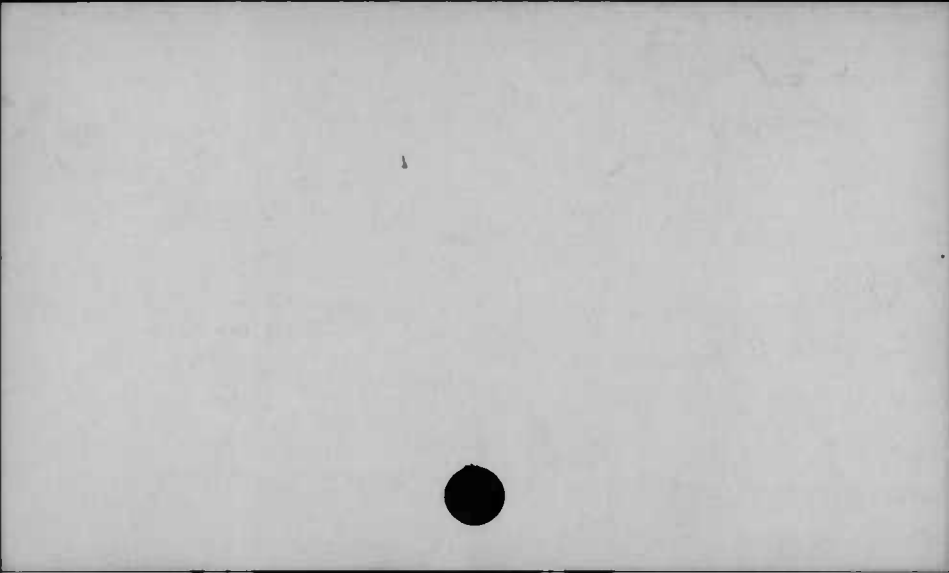
Reported by

Robert L. Bryan M.D.

Address

Emmitsburg Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Edward L. Clements

Died at

Middleton

County

Frederick

MARYLAND

Date

1902

Month

Feb

Day

4

Age

Y.

61

M.

5

D.

13

Native of

Trunk Co

Occupation

Farmer

Male

White

Married

Widow

~~Divorced~~

Number of children living

4

Husband

of

Lucinda F. Baehert

Father's

Name

Philip Clements

Mother's

Name

Mary Ann Refauser

Cause of

Primary

Fatty degeneration of heart

How long sick

Full dead

Death

Immediate

Did not suggest patient until after death

Suicide, Homicide

Reported by

J. H. Deaity M.D.

Address

Middleton

Trunk Co -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Name in Full

Certificate of Death

Died *James O. Conner*
 Town *Thurmont* - County *Frederick* MARYLAND

Date *1902* Month *Feb* - Day *26* Age *about 84 yrs* Y. M. D. Native of *Ireland* Occupation *Laborer*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Widowed ☐ Divorced ☐ Widower ☐ Number of children living *Four*

Husband of *Bridget Helliger (Deceased)*
 Father's Name *James O. Conner* Mother's Name *Don't Know*

Cause of Death Primary *Senile Debility -* How long sick *6 weeks*
 Immediate *Bronch, Pneumonia* Accident, Suicide, Homicide ☒

Reported by *J. C. Refanowsky* No. *154*
 Address *Thurmont, Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full

Certificate of Death

William W. Connor

Town

County

Died at

Date 1902

Month

Day

Age

Y.

M.

D.

Native of

Occupation

MARYLAND

Male

White

Married

~~Widower~~

Number of children living

Husband

of Amanda Connor.

Father's

Mother's

Name

Maiden Name

Cause of

Primary

General Debility (Senile Degeneration)

How long sick

2

Death

Immediate

"

(Bronchitis Cordis weakness)

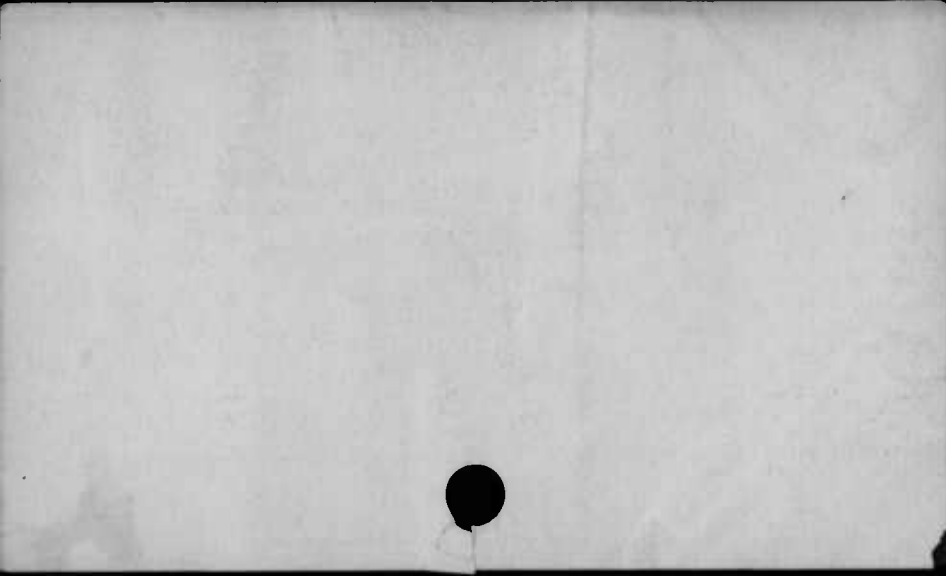
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by Coroner, undertaker or minister.

LIBRARY BUREAU, 79895



Name in Full

Certificate of Death

Susan R. Grauer

Town

County

Died at

Brook

"

MARYLAND

Date 189

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

May 18

Age

69-1-9

Brook

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

6

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Disease of Heart (Hypertension) 6 mos.

How long sick

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

S. S. Heyward M.D. 79

Address

12 Second St. N.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Mt Olivet Cemetery

Feb'y 20 '02

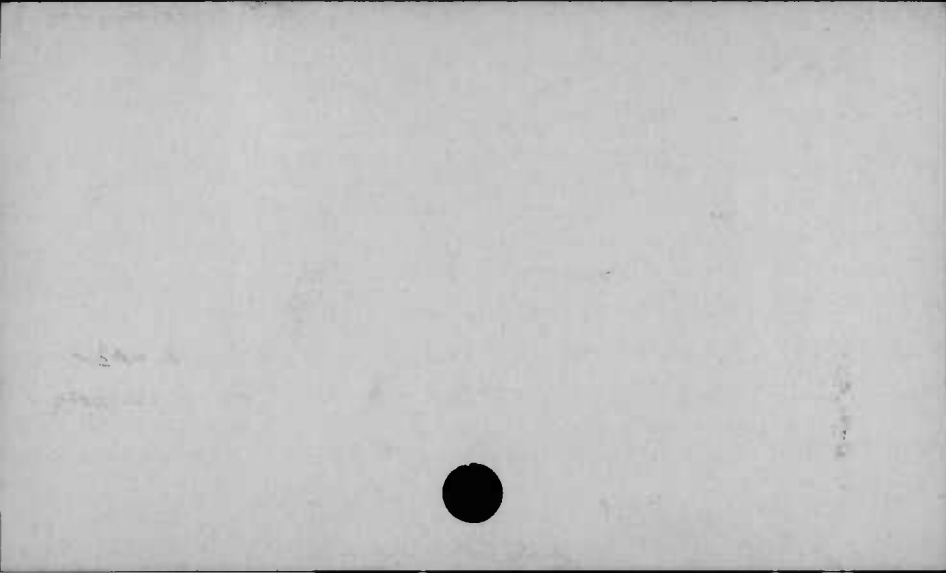
Name In Full

Certificate of Death

Joseph A. Cretin
 Died at Edwardsburg Town Frederick County MARYLAND
 Date 1902 Month 7 Day 4 Y. 57 M. D. Native of U.S. Occupation Carpenter
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of
 Wife
 Father's Name James Cretin Mother's Name Mary Ann Rivers
 Cause of Death { Primary Chronic Diarrhea How long sick 106 Three months
 Immediate Dropsy of the Heart Accident, Suicide, Homicide
 Reported by John B. Browner M.D.
 Address Edwardsburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Walter Dean

Town

County

MARYLAND

Died at

Poores

Frederick

Date

1902

Month

Feb

Day

13

Y.

2

M.

6

D.

Native of

Md

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Mother's

Name

Name

Cause of

Primary

Phtisis

Death

Immediate

Heart Failure

How long sick

From birth

~~Accident, Suicide, Homicide~~

Reported by

R. W. Trapnell M.D.

Address

Poores

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Thomas Denham

Town

County

Died at

Monte Hospital

Frederick

MARYLAND

Date 1902.

Month Day

Y.

M.

D.

Native of

Occupation

2-26

Age

36

X

X

N.Y.

Laborer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widowed

Number of children living

none

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Tuberculosis Pulmonum

How long sick

4 weeks

Death

Immediate

Asphyxia

at Hospital
Accident, Suicide, Homicide

Reported by

H.P. Tabney

Mr

Address

Frederick



J. J. J.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Hugh D. Dollen

Town

County

Died at

Montrose Hospital

Frederick

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902.

2-21

Age

68

Maine

Laborer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

none

Husband

Wife

Father's

Name

Unknown

Mother's

Maiden Name

Unknown

Cause of

Primary

Tuberculosis

How long sick

Not known

Death

Immediate

Asthenia

2

Accident, Suicide, Homicide

Reported by

W. P. Fahrney

Md

Address

Frederick



Ed

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary L. V. Duffin

Town

County

Died at

Mountville

Fredricks

MARYLAND

Date 1902

Month Day

Y. M. D.

Native of

Occupation

Feb. 27

Age

13 4 25

Maryland

Female

Colored

Single

Widow

Divorced

Number of children living

Husband of

Wife

Father's Name

Mother's Name

William O. Duffin *Mary L. Brown*

Cause of

Primary

Consumption (General Tuberculosis)

How long sick

3 or 4 mos.

Death

Immediate

Emaciation & Exhaustion

Accident, Suicide, Homicide

Reported by

C. R. Crum, M.D.

Address

Jefferson, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death 190

Month

Day

Age

Years

Months

Days

Sex

Color or
RaceBirth-
placeMarried, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
informationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

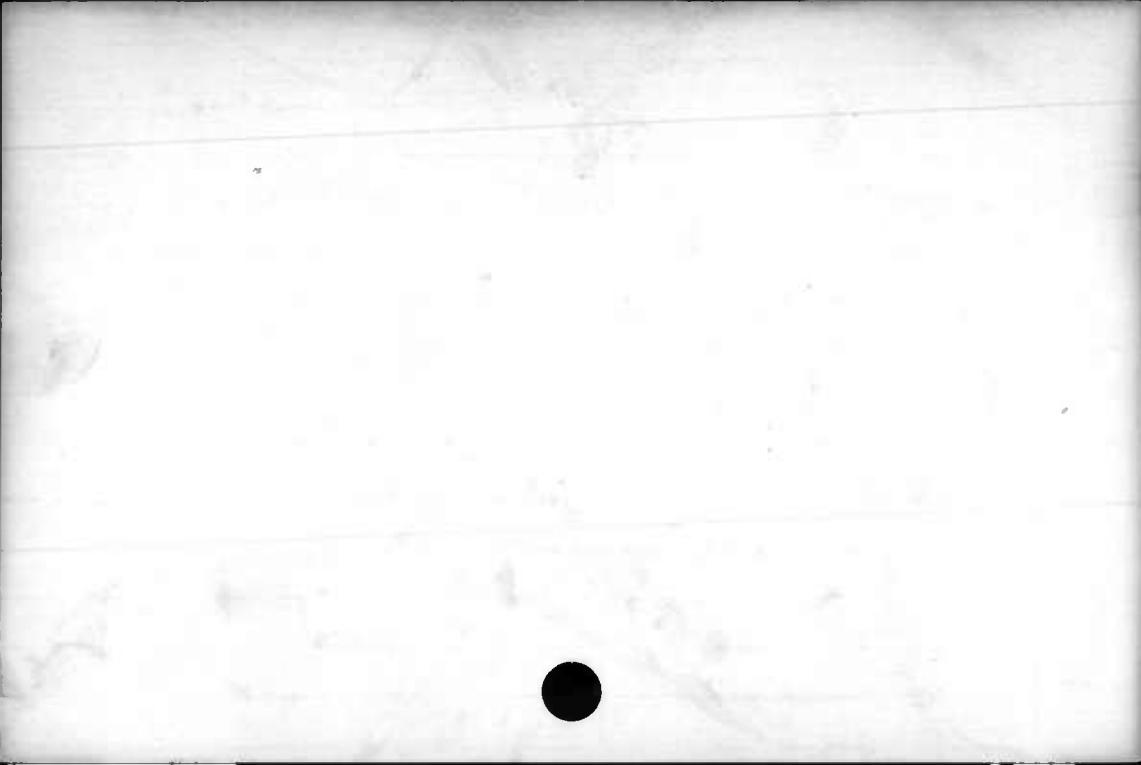
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Gordon

Died at *Fredrick* Town *"* County *"* MARYLAND

Date 189*12* Month *2* Day *13* Y. *—* M. *—* D. *—* Native of *md* Occupation *X*

Male *White* Age *—* Married *—* Widow *—* Divorced *—*

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of *X*

Father's Name *Umas Gordon* Mother's Name *Flora Hui*

Cause of Death { Primary *Pneumonia* } How long sick *—*

{ Immediate *result of fall* } Accident, Suicide, Homicide *—*

Reported by *Joseph Norris, midwife*

Address *—*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Mabel Gray

Town

County

Died at

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1902

2

7

3

—

—

Md

—

Male

Female

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

William Gray

Died at

Frederick

County

"

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

1902

2

5

Age

1

4

-

md

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Cause of

Primary

Pneumonia

Death

Immediate

upon

Mother's

Name

Ida Wacker

How long sick

10 days

Accident, Suicide, Homicide

Reported by

W. J. Sordess md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Sidney Matthew Grayson

Town

County

Died at

Y Washington

Frederick

MARYLAND

Date 19	Month	Day	Y.	M.	D.	Native of	Occupation
1912	2	14	Age	52		MD	Housewife
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living	3		

Husband of

Wife

Father's

Name

John Grayson

Mother's

Chas Matthews

Maiden Name

Cause of

Primary

Chronic Nephritis

How long sick

One year

Death

Immediate

Uraemia

Accident, Suicide, Homicide

Reported by

Address

C. H. Conley
Federal Bureau of Investigation

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Eveline Lammick

Town

County

Died at

Middletown

Frederick

MARYLAND

Date

1902

Month

Day

Feb 19

Y.

M.

D.

Native of

Occupation

Age

2

Ma

House wife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Andrew Lammick

Mother's

Name

Lydia Lammick

Cause of

Primary

Chronic Bright's Disease heart lesion

How long sick

6 months

Death

Immediate

Syncope with cerebral artery

Accident, Suicide, Homicide

Reported by

A. A. Lammick M.D.

Address

Middletown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at *Shillbillsville* *Frederick* *MARYLAND*

Date 1902 *Feb 23rd* *11* *Y.* *M.* *D.* *Ind* *Farmer*
 Male *White* *Married* ~~*Widow*~~ ~~*Divorced*~~ *Farmer*
~~*Female*~~ ~~*Colored*~~ ~~*Single*~~ *Widower* Number of children living *9*

Husband of *Catherine Mc Laine*

Benjamin Harbaugh *93*
 Father's Name *Benjamin Harbaugh* Mother's Maiden Name *93*

Cause of Death { *Primary* *Lobar Pneumonia* *10 days*
Immediate *Heart failure* *Accident, Suicide, Homicide*

Reported by *Drs C. L. Becker and E. C. Kefauver*
 Address *Shillbillsville, Frederick, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Hester Anna Harper.

Died at ^{Town} Mountville ^{County} of Fred MARYLAND

Date 1902 ^{Month} 2 ^{Day} 18 ^{Age} 18 ^{Y.} 2 ^{M.} 8 ^{D.} 8 ^{Native of} Ind ^{Occupation} _____

☒ Male ☐ Female ☐ White ☐ Colored ☒ Married ☐ Single ☐ Widow ☐ Widower ☐ Divorced ☐ Number of children living _____

Husband of

Wife

Father's Name Alfred Harper Mother's Maiden Name Julia Harper.

Cause of Death { Primary Immediate } Tuberculosis Tuberculosis

How long sick 27

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by minister, undertaker or minister.



Name in Full

Certificate of Death

Thomas H. Harwood

Town

County

Died at

Frederick

"

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	2	20	86	4	3	md	Retired
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower		Number of children living	5	

Husband of

Jane Harwood

Wife

Father's

Name

Chas H. Harwood

Mother's

Name

Armelia Harwood

Cause of

Primary

Senile Debility

How long sick

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

G. Fordice, M.D. 154

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65989



Paul Victoria Hamilton

Town

County

Died at *Near Frederick* *Frederick*

MARYLAND

1902 Month Day Y. M. D. Native of Occupation
 Date 19 *Jan* *11* Age *1* *7* *7* *Mo* *60* *X*
~~Male~~ White Married Widow Divorced
 Female Colored Single Widower Number of children living *X*

Husband
 of
 Wife

Father's Name *John W. Miller*

Mother's Maiden Name *Kate V. S. Bess*

Cause of Death { Primary *Pneumonia*
 Immediate *Osteomyelitis*

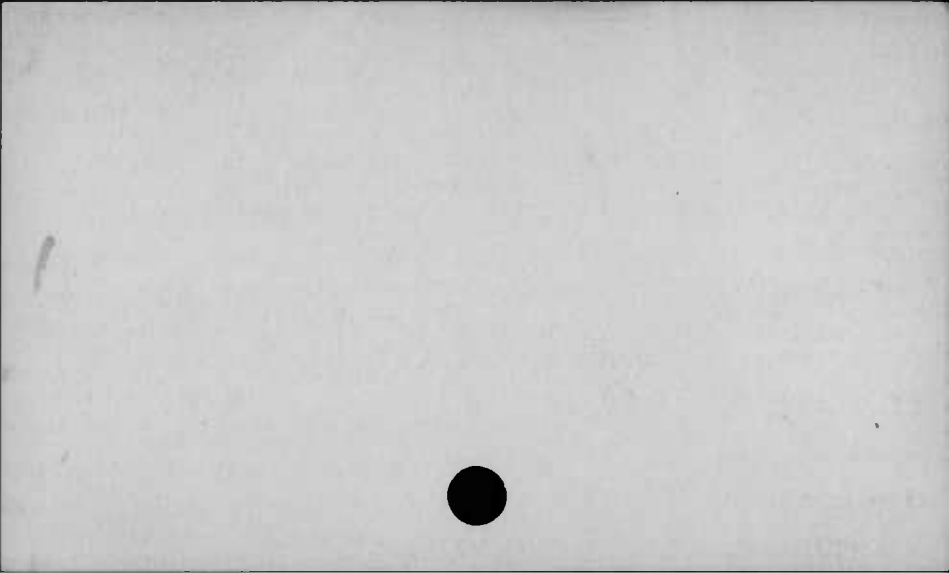
How long sick
4 weeks

~~Accident, Suicide, Homicide~~

Reported by *H. S. S. Maynard*

Address *17 Second St - N.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Sister Mary Angela Haulen

Town

County

MARYLAND

Died at

Date 1902 Month 2 Day 27 Age 25 Y. - M. - D. - Native of U.S. Occupation Religion

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's Name

Anthony Haulen

Mother's

Maiden Name

Reardon

Cause of

Primary

Phthisis Pulmonum

How long sick

1 year

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Dr. Wm. Crawford Stinson

Address

Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Town *Freey* County *Herbert*

Died at *Mountains Hospital* *Frederick* MARYLAND

Date 1902 *2-22* Age *48* Y. *X* M. *X* D. *X* Native of *Ind.* Occupation *Servant*

~~Male~~ ~~Female~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ Number of children living *3*

~~Husband~~ of *George Herbert*

Wife *Unknown* Father's Name *Unknown* Mother's Name *Unknown*

Cause of Death { Primary *Tuberculosis* Immediate *asthma* How long sick Accident, Suicide, Homicide

Reported by *H.P. Fahrney* Address *Frederick*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Daniel F. Lloyd Hoover

Town

County

Ellerton

Frederick

MARYLAND

Died at

Date 1902

Male

Month

Day

Feb 19

Y.

M.

D.

Age

12-6-13

Native of

Md

Occupation

~~Female~~

White

~~Married~~~~Widow~~~~Divorced~~~~Colored~~

- Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Daniel K. Hoover

Julia R. Delawter

Cause of

Primary

Brain Fever

How long sick

5 days

Death

Immediate

61

Accident, Suicide, Homicide

Reported by

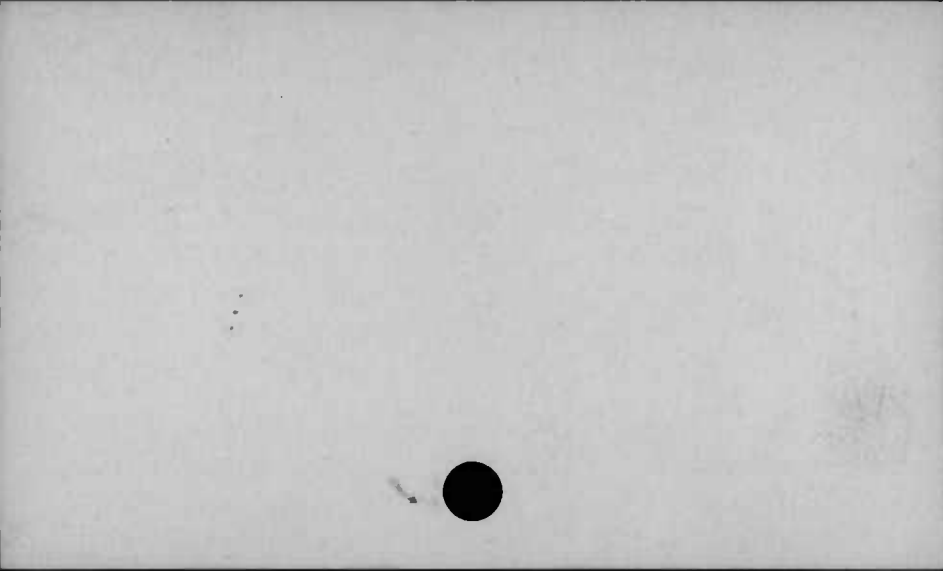
A. J. Smith M.D.,
Frederick, Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *Levin Hurley*
 Town *Middle Point* County *Frederick* MARYLAND
 Died at
 Date 19*02* Month *Feb.* Day *8* Age *74*- Y. *2* M. *7* D. *7* Native of *Md* Occupation *Farmer*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☐ Single ☐ ~~Widow~~ ~~Widower~~ ~~Divorced~~
 Number of children living *3*
 Husband of *Mary Anne Hurley*
 Wife
 Father's Name *Levin Hurley* Mother's Maiden Name *Elizabeth Stollenmeyer*
 Cause of Death { Primary *Cardiac dilatation* Immediate ☐ How long sick *5 months*
 -Accident, Suicide, Homicide
 Reported by *W. A. F. Smith, M. D.*
 Address *Wolfsville, Md.*
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



William H. Jackson

Died at *Montane Hospital* *Frederick* *MARYLAND*
 Town County

Date 1902. *2-17* Age *82* X X
 Male *White* Married *Widow* *Widow* *Divorced* Occupation *Laborer*
 Female *Colored* Single *Widow* Number of children living *none*

Husband of *Wife*

Father's Name *Unknown* Mother's Maiden Name *Unknown*

Cause of Death { Primary *Syphilitic infection* How long sick
 Immediate *anemia* Accident, Suicide, Homicide

Reported by *W. P. Fahrney MD*

Address *Frederick MD*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at Town Frederick County Frederick MARYLAND
 Date 1902 Feb. 27 Month Day Y. M. D. Age 12 hours Native of Occupation
 Male White ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of
 Wife

Father's Name Wm. B. James Mother's Name Carrie B. Bruner
 Maiden Name 151

Cause of Death { Primary 7 mos. pregnancy How long sick
 Immediate Inanition Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

(Infant) Kehur
 Died ^{Town} near Frederick County Frederick MARYLAND

Date 1902 Month 2 Day 9 Age 2 Y. M. D. Native of Md. Occupation
 Male White Married Widow Divorced
~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of

Wife

Father's Name Geo. D. Kehur Mother's Maiden Name Harriet Beets

Cause of Death { Primary Suppression of Urine How long sick 2 days
 Immediate Urinary Confa Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79038



Mr Isabella Koonz -

Died at ^{Town} Frederick City - ^{County} MARYLAND

Date 1902 ^{Month} 2 ^{Day} 21 ^{Y.} Age 59-1- ^{M.} ^{D.} ^{Native of} U.S. ^{Occupation} Housewife -

~~Male~~ ^{White} ~~Married~~ ^{Widow} ~~Divorced~~
 Female ^{Colored} ^{Single} ^{Widower} ^{Number of children living} One -

Husband of Edw Koonz - dec'd -
 Wife

Father's Name Smeringer Beets Mother's Maiden Name Jane

Cause of ^{Primary} Neuralgia Heart - ^{How long sick} 1 day -
 Death ^{Immediate} Paralysis of Heart ^{Accident, Suicide, Homicide}

Reported by Franklin Buchanan Smith

Address  City -



Name in Full

Certificate of Death

Sarah Kuhn.

Town

County

Died at

Wolfville

Frederick

MARYLAND

Date 1901

Month

Day

Y.

M.

D.

Native of

Occupation

2

14

Age

13

md

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Henry Kuhn

Mother's

Maiden Name

Clamma Meyer

Cause of

Primary

S

How long sick

Death

Immediate

Spasms

Accident, Suicide, Homicide

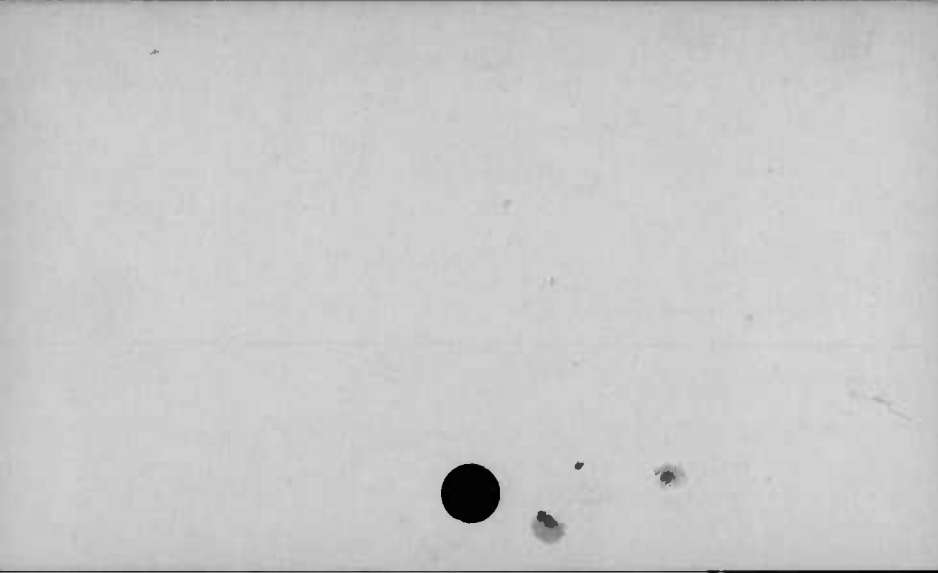
Reported by

James A. Gorce, Undertaker

Address

Wolfville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Lervira L. Lookingbill

Town

County

Died at

Johnsville

Frederick

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Feb 17

Age 54 6 17

Md.

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living 5

Wife of

Emanuel Lookingbill

Father's

Mother's

Name

Samuel Wagner

Maiden Name

Susan A. Wilson

Cause of

Primary

Pneumonia

Q3

How long sick

8 days

Death

Immediate

Heart Failure

~~Accident, Suicide, Homicide~~

Reported by

F. H. Siderell

Address

Johnsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 1902

Male

~~Female~~Husband
of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Elias Makall
 Town Fredk County Fredk

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

2

6

Age

70

Md

Laborer

Married

~~Widow~~~~Divorced~~~~Single~~

Widower

Number of children living

1

Mother's
 Maiden Name

119

How long sick

two weeks

~~Accident, Suicide, Homicide~~

Primary

acute nephritis

Immediate

coma (uremic)

Dr Wm J. Johnson

Fredk Md



Name In Full

Certificate of Death

Margaret E. Mopburg.
 Died at Luna Hill Indiana INDIANA MARYLAND

Date 1902 Feb 1 Month Day Age 66 Y. M. D. Native of Ind. Occupation X
 Male White Married Widow Divorced Number of children living one
 Female Colored Single Widow

Husband
of
Wife

Father's Name Mother's
Maiden Name

Cause of Death { Primary Pneumonia 93 How long sick one week.
 Immediate Heart failure Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Catherine McLusky
 Town *Summitsburg* County *Frederick* MARYLAND
 Died at
 Date 19 *02* Month *Feb* Day *12* Age *64.8.24* Y. M. D. Native of *Ireland* Occupation *Religious*
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name

Mother's Maiden Name

104

Cause of Death { Primary *Gastritis Acute* Immediate *Coronary* How long sick *over 2 weeks*
 Accident, Suicide, Homicide

Reported by *John B. Brauer, M.D.*Address *Summitsburg*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Susan Ogle

Town

County

Died at Near Monticume

Frederick

MARYLAND

Date 1902 Month Feb. Day 2 Age 48? - - Native of Fredk Co Occupation Servant

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~ ~~Number of children living~~

Female Colored Single ~~Widower~~

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Cardiac dilatation due to Aortic stenosis

How long sick

About 6 months to my knowledge

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

Sabuck M.D.

Address

17 E 2nd St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Died at Motion Station ^{Town} Fredrick ^{County} MARYLAND
 Date 19 02 ^{Month} 2 ^{Day} 17 ^{Y.} 9 ^{M.} 9 ^{D.} County ^{Native of} — ^{Occupation} —
 Male White Married Widow Divorced
~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband —
 of —
 Wife

Father's Name Jas. A. Anderson ¹⁵⁰ ^{Mother's} Mary E. Burkheart
 Cause of Death { Primary Congenital Malformation of heart ^{How long sick} 1 week
 Immediate — ^{Accident, Suicide, Homicide}

Reported by Morris A. Birch M.D.

Address Thurmont JMd.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Maria Perry

Town

County

Frederick

Frederick

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

2 20

Age

78 11 1

Md

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of

Wife

Father's

Name

Jacob Perry

Mother's

Maiden Name

Mary Stokes

Cause of

Primary

Old age

154

How long sick

several weeks

Death

Immediate

Heart failure (Angina)

Accident, Suicide, Homicide

Reported by

Dr. Wm Crawford Johnson

Address

Frederick

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70858



Name In Full

Certificate of Death

Alfred B. Roberts

Died at

Liberty town

County

Frederick

MARYLAND

Date

1902 - 12 - 5

Age

64 - -

Native of

Md.

Occupation

Mason

Male

~~White~~

Married

~~Widow~~

Divorced

~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living 4

Husband

of

Laura Hill

Father's

Name

Mother's

Name

Cause of

Primary

Aortic Aneurysm

How long sick

10 days

Death

Immediate

Aortic Aneurysm

Accident, Suicide, Homicide

Reported by

J. B. Stone M. D.

Address

Liberty town Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Ellen Rollins -

Died at ^{Town} *Shurston* ^{County} *Fredricks* *B* MARYLAND
 Date 1902 *Feb* ^{Month} *5* ^{Day} Age *45* ^{Y.} ^{M.} ^{D.} ^{Native of} *W.D.* ^{Occupation} *Housewife*
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widow~~ Number of children living *5*

Husband of *Harvard Rollins* -
 Wife
 Father's Name *Thos. William* Mother's *45*
 Name *45*

Cause of Death { Primary *Cancer* - ^{How long sick} *1 m. Last sick*
 Immediate *Asthenia* - ~~Accident, Suicide, Homicide~~

Reported by *E. E. Mullins - M.D.*
 Address *W. Shana* *W.D.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Pauline Grace Rowe

Died at *Emmitsburg* Town *Fredenrich* County *MARYLAND*

Date 19 *02* Month *February* Day *11* Age *1* Y. *11* M. *11* D. *11* Native of *Md* Occupation *None*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widowed ☐ Widower ☐ Divorced ☐ Number of children living *None*

Husband of

Wife

Father's Name *Francis M. Rowe* Mother's Maiden Name *Effie May Morris*

Cause of Death { Primary *General debility* Immediate *151* } How long sick *Since Birth* Accident, Suicide, Homicide

Reported by *W. H. H. H. H. H.*Address *Emmitsburg* *Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Susan Rowe

Town

County

MARYLAND

Died at Emmitsburg Fredk

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Feb.

24

Age

79-1-25

Fred. Co.

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 5

Husband of

Geo. H. Rowe

Wife

Father's

George

Mother's

Name

Lillian McKeehan

Maiden Name

Lance Johnston

Cause of

Primary

How long sick

Death

Immediate

Paralysis of heart

Accident, Suicide, Homicide

Reported by

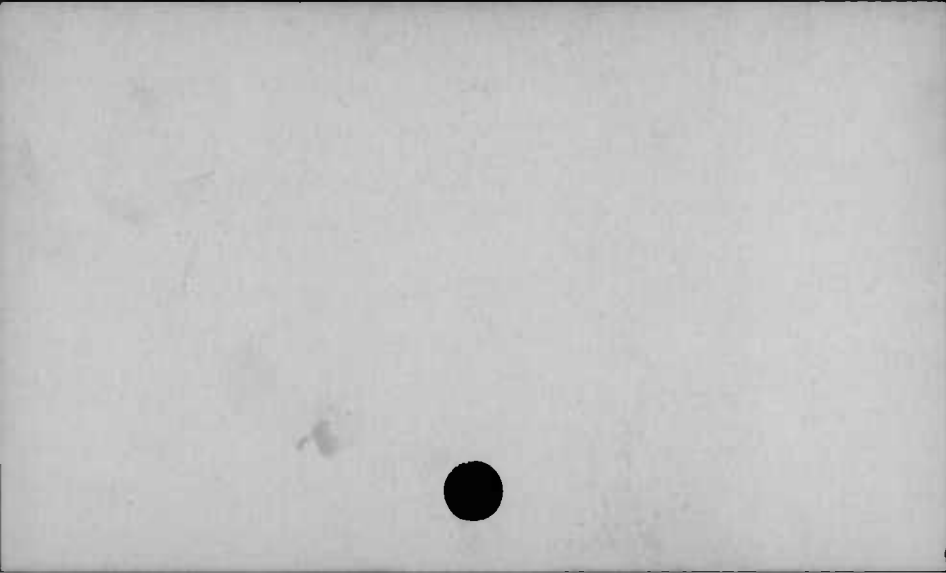
W. E. Schuberger M.D.

Address

Emmitsburg

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 1902

Male

~~Female~~

Town

Month

Day

Y.

M.

D.

Native of

Occupation

Husband
of
WifeFather's
Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Joan

Sensenbaugh

Wolfsville

County

Frederick

MARYLAND

Feb. 18

Age —

7 16

Md

White

Married

Widow

Divorced

~~Colored~~

Single

Widower

Number of children living

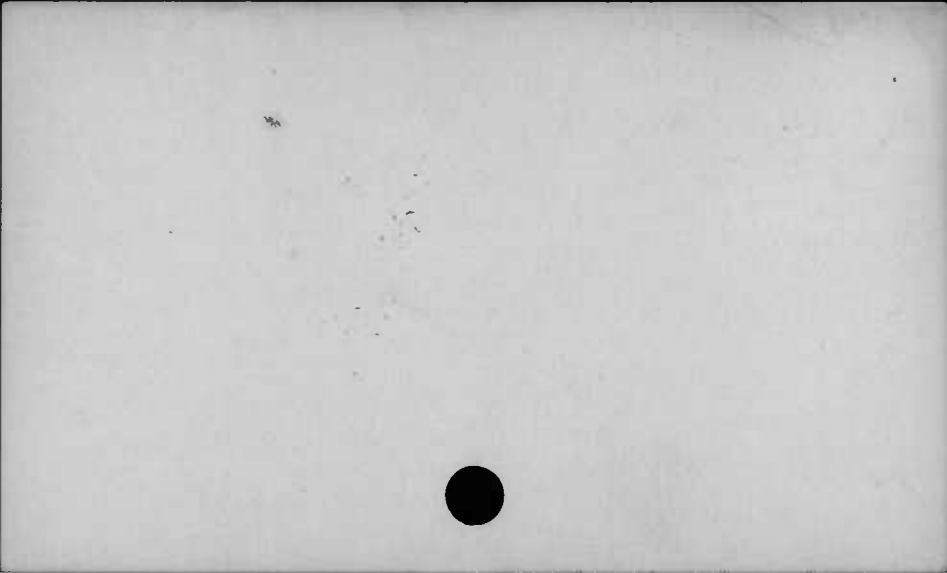
John Sensenbaugh

Mollie Pryor

Pneumonia Capillary

1 week

A. J. Smith, Md.
Wolfsville



Name in Full

Certificate of Death

Mary Margaret Shearer

Town

County

Died at Middletown

Frederick

MARYLAND

Date 1902 Oct 26 Age 67 5' 29" Native of Md Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female Colored Single Number of children living 2

Husband of Geo Shearer

Wife

Father's Name Geo Main

Mother's Maiden Name

Fink

Cause of Death { Primary Ulceration of Stomach

Immediate Heart Failure + Collapse

How long sick Several years

Accident, Suicide, Homicide

Reported by Ed Buckley Jr

Address

Middletown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Ellen ^{ma} Stauffer

Town

County

Hagerstown

MARYLAND

Died at

Hagerstown

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

7

29

Age

0

8

County

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

J. H. Stauffer

Mother's

Maiden Name

Ellen Nelson

Cause of

Primary

Malignant Scarlet fever

How long sick

5 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

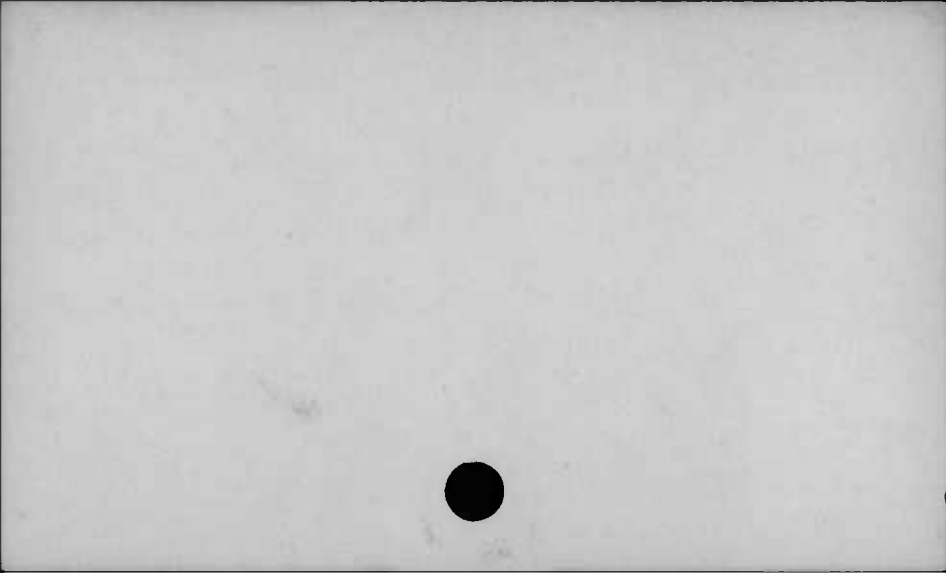
J. S. McAdams

Address

Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Jennie Stewart.

Town

County

MARYLAND

Died at

Frederick

Frederick

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

- 2 - 5 -

Age

78

-

-

Md

N.

N.

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

3

Husband of

Morton Stewart

Wife

Father's

X

Mother's

X

Name

Maiden Name

Cause of

Primary

apoplexy

64

How long sick

4 months

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

W. A. Long

Address

37 E Patrick

St

Frederick

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Md.



Emory Luther Washington Summers
 Townⁿ County

Died at *Harmony* *Fredrick* MARYLAND

Date 189 <i>1902</i>	Month <i>Feb</i>	Day <i>4</i>	Y. <i>7</i>	M. <i>10</i>	D. <i>15</i>	Native of <i>md</i>	Occupation
Male	White	Married	Widow	Divorced		Number of children living	
Female	Colored	Single	Widower				

Husband of

Wife

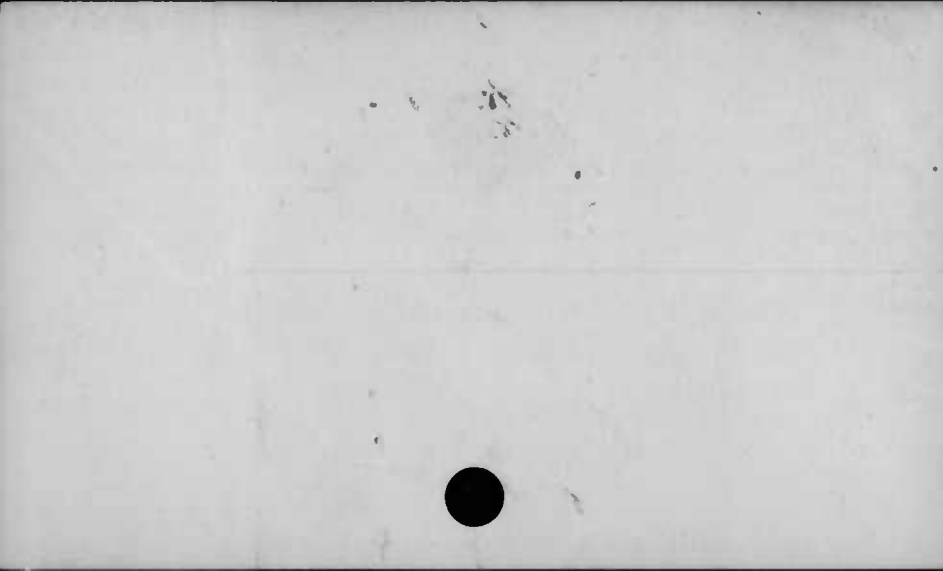
Father's Name *David Summers* Mother's Name *Annie M. Rother*

Cause of	Primary <i>disinflammation of Bowels</i>	How long sick <i>7 days</i>
Death	Immediate <i>Peritonitis</i>	<i>106</i>
		Accident, Suicide, Homicide

Reported by *A. A. Lamon M.D.*

Address *Middletown, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Upton Breadner.

Town *Liberty* County *Fred. Co.* MARYLAND

Died at *1902* Month *Feb* Day *21* Y. *63* M. *3* D. *2* Native of *Fred Co* Occupation *Carpenter*

Date *1902* Age *63 3 2* *Fred Co* *Carpenter*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widower ☐ Divorced ☐ Number of children living *5*

Husband of *Sarah Munchner*

Wife *Sarah Munchner*

Father's Name *Basil Breadner* Mother's Name *Susan Colberry*

Cause of Death { Primary *Nephritis Chronic* Immediate *Uremic Poison.* How long sick *Six months* Accident, Suicide, Homicide ☐

Reported by *J. Thomas Smith*

Address *Liberty Town Fred.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Dr. Leander Hactes

Town

County

Died at

Ellerton

Frederick

MARYLAND

Date 1902

Month

Day

2-22

Age

Y.

M.

D.

75-7-3

Native of

Md.

Occupation

Physician

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

6

Husband

of

Elizabeth Anders,

Father's

Name

Michael Hactes

Mother's

Maiden Name

Margaret Kist

Cause of

Primary

Death

Immediate

Pneumonia

93

How long sick

2 weeks

~~Accident, Suicide, Homicide~~

Reported by

Ralph Brewster

Address

Myersville

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

William Washington

Town

County

Died at Knoxville

Frederick

MARYLAND

Date 1902 Feb 21

Month

Day

Y.

M.

D.

Native of

Occupation

Age

America

Don't know

Male

~~White~~

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Don't know

Wife

Father's

Name

Don't know

Mother's

Maiden Name

Don't know

Cause of

Primary

Killed by B & O train

How long sick

Killed

Death

Immediate

Accident, Suicide, Homicide

Reported by

A. G. Horner

Address

Brunswick

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Margaret Waters
 Town County

Died at *near Waltemville* *Frederick* MARYLAND

Date 19 *12* Month *2* Day *22* Y. *3* M. *3* D. *12* Native of *Ind* Occupation

Male *White* Married *Widow* Divorced

Female *Colored* Single *Widower* Number of children living

Husband of

Wife

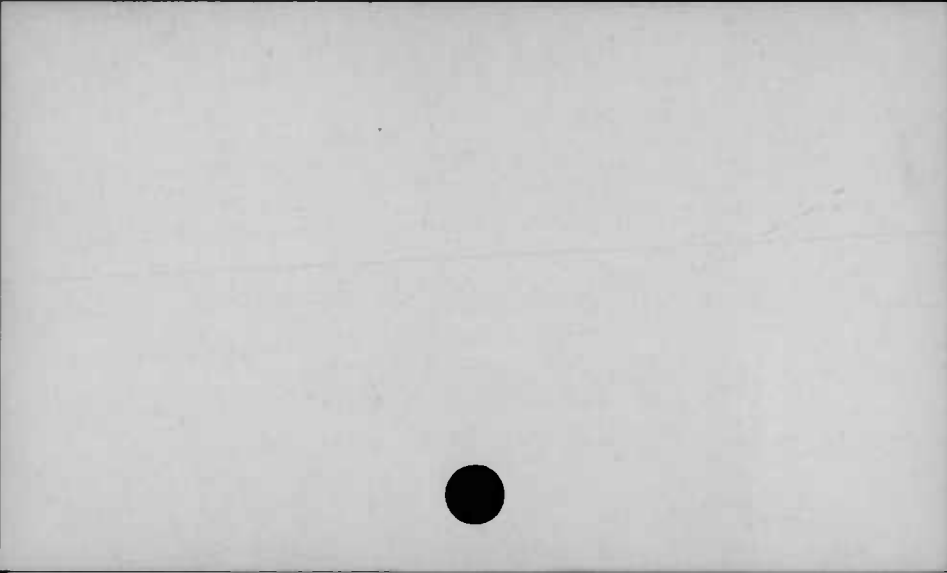
Father's Name *Charles Waters* Mother's Maiden Name *A*

Cause of Death { Primary Immediate *menhansen Creek* How long sick *2 days* Accident, Suicide, Homicide

Reported by *C. S. Goldhamer M.D.*

Address *Waltemville Ind* *H. S. Perry & Son*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Martin Luther Middle x

Town

County

MARYLAND

Died at Ellerton Md. x

Date 1902, Feb. 17	Month	Day	Y.	M.	D.	Native of	Occupation
			51	6	6	Md.	Painter x
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living	5		

Husband of Lizzie Hoover

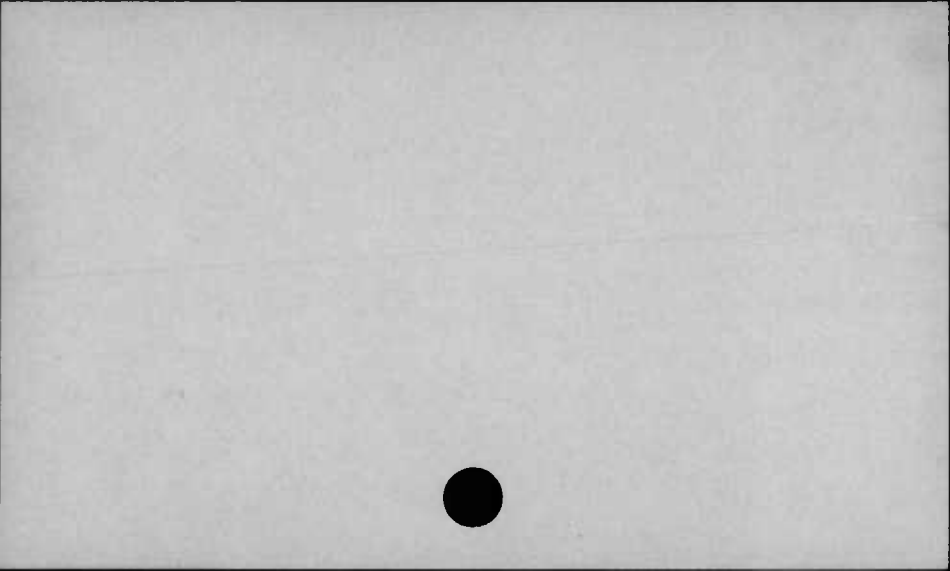
Father's Name	Mother's Name
James Middle	Susan Palmer

Cause of	Primary	How long sick
Death	Immediate	5 Days.
	Pneumonia	93
		Accident, Suicide, Homicide

Reported by Ralph Browning.

Address Myer'sville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Joseph M. Wetzel

Town

County

Died at

Eggenburg

Frederick

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date

1942

2nd 9.

Age

17 00

U.S.

Male

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Howard Wetzel

Mother's

Maiden Name

Harriet Little

Cause of

Primary

Bronchitis

How long sick

3 weeks

Death

Immediate

Pneumonia, Lobar

~~Accident, Suicide, Homicide~~

Reported by

John B. B. Sawyer, M.D.

Address

Eggenburg, Md 20

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



George Williams
Town County Frederick MARYLAND
Died at Wolfsville
Date 1902 Feb. 28 Age 56-1-25 Native of Md Occupation Laborer
Male White Married Widow Divorced
~~Female~~ ~~Colored~~ ~~Singl~~ ~~Widow~~ Number of children living 6

Husband of Louise Williams
Wife
Father's Name James Williams Mother's Maiden Name 108
Cause of Death { Primary Immediate Intestinal Obstruction How long sick 8 days
Accident, Suicide, Homicide

Reported by A. J. Smith M.D.
Address Wolfsville, Md.
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Elizabeth Francis Young

Town

County

Died at *Near Middletown* *Precinct*

MARYLAND

Date 1902 *Feb* *17* | Age *68.6.9* | Native of *Ind* | Occupation *Housewife*

~~Male~~ *White* | ~~Married~~ *Widow* | ~~Divorced~~

Female | ~~Colored~~ *Single* | ~~Widower~~ | Number of children living *5*

~~Husband~~ of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Mother's

Maiden Name

How long sick

Accident, Suicide, Homicide

*Lewis Young**Peter Arnold**Mary Glashman*Primary *Pneumonia*Immediate *Heart failure**Ed Buckley ind**Middletown ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Wm. S. Inack
Undertaker